STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922199	**03/05/2018**
NAME OF PROVIDER OR SUPPLIER **PARADISE ADULT CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **14730 SW 150 STREET** **MIAMI, FL 33196**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Standard Biennial Survey was conducted on 03/05/2018. Paradise Adult Care (license #8003) had no deficiencies identified at the time of the survey.